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OR

Substitute for Form PTO-875									10787370			
		CLAIMS AS (Co		– PART I		SMALL ENTITY		OR	OTHER THAN SMALL ENTITY			
FOR NUMBER FILED NUMBER EXTRA							RATE	FEE]	RATE	Τ	
BASIC FEE (37 CFR 1.16(a))						1		\$	00	IVAIC	FE	
TOTAL CLAIMS						1			OR		\$	
IND	EPENDENT CLA	MS	minus 20° =				X \$=		OR	× \$=	 	
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MU		ENT CLAIM PRESE	NT (37 CFR 1.16(d))		+ \$=		OR	+ \$=			
• If	the difference in-	column 1 is less th		nter "0" in column		TOTAL		OR	TOTAL			
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	NA 51000	(COIGINIT 1)	20		(Column 3)	T 1	SMALL (ENTITY	OR		R THAN ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADD TION FEE	
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SCATE							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)	(Column 3)							
MENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADD TION	
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				* }			TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
		(Column 1)	·	(Column 2)	(Column 3)						~ 	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		. HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADD TION FEE	
MO	Total (37 CFR 1.16(c))	•	Minus	••	=		x \$=		OR	x \$=		
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AM	FIRST PRESENT	ATION OF MULTIPLE	E DEPENDE	ENT CLAIM (37 CF		+ \$ =		OR	+ \$ =			
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[•] If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.